

Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 22 March 2016

For: PUBLIC session PRIVATE Session

For: Decision Discussion Noting

Agenda Item and title:	GOV/16/03/19 Board Assurance Framework & Risk Register
Author:	Susannah Long, Governance & Risk Manager
Lead Director/GP from CCG:	David Noyes, Director of Planning, Performance & Corporate Services
Executive summary:	<p>The Board Assurance Framework (BAF) identifies risks to the agreed 2015/16 strategic objectives of the organisation that may happen, to allow the CCG to examine existing controls and assurances of those controls and to identify any gaps that need to be addressed.</p> <p>The CCG high level risk register is a document identifying the top risks to the strategic objectives of the organisation. The Audit and Assurance Committee recommends ten risks on the high level risk register for consideration by the Governing Body.</p>
Evidence in support of arguments:	Items on the risk register and the BAF will also appear as papers on various committee agenda.
Who has been involved/contributed:	<p>The Executive Team of the CCG have been asked to contribute new risks to the risk register and ensure that progress against existing recorded risks is detailed. The Executive Team have also contributed to the BAF.</p> <p>The Audit and Assurance Committee (AAC) has considered and discussed both the BAF and Risk Register to ensure that these correctly reflect the risk profile of the CCG.</p>
Cross Reference to Strategic Objectives:	The BAF and Risk Register contribute to the governance arrangements of the CCG and support all Strategic Objectives.
Engagement and Involvement:	The BAF and Risk Register are internal mechanisms and have had engagement from CCG staff.

Communications Issues:	The BAF and Risk Register are treated as public documents and will be available for release under the FOI Act.
Financial Implications:	None.
Review arrangements:	AAC will receive the updated BAF and risk register at each meeting.
Risk Management:	The BAF and Risk Register are communication and analysis tools that contribute to CCG risk management.
National Policy/ Legislation:	The CCG is required to have a BAF and Risk Register in place.
Equality & Diversity:	An EIA has not been undertaken as this document reports on the detail of the BAF & Risk Register in support of the Risk Management Strategy.
Other External Assessment:	The BAF and Risk Register will be scrutinised by Internal Audit as part of Governance audits.
What specific action re. the paper do you wish the Governing Body to take at the meeting?	The Governing Body is asked to consider the current BAF and High Level Risk Register, look at progress and seek further assurance from Directors as required.

NHS Wiltshire Clinical Commissioning Group - Board Assurance Framework & Action Plan March 2016

Principal strategic objective	Issue impacting on achievement of strategic objective	Key controls and systems supporting issue management	Positive assurances of controls (the available evidence on the effectiveness of the controls / systems)	Gaps in controls and systems (or weak controls and systems)	Gaps in assurance (poor evidence of effectiveness of controls and systems)	Date of Last Review	Director Lead	Action Plan	By when	Status	Comments/Updates
A. To drive towards a clinically led model which delivers integrated high quality patient services within the community based upon neighbourhood teams to provide 'wrap around' care at or close to home.											
A.01	Achieving integrated commissioning to support the strategic objectives of CCG, the 5 Year Strategy and Better Care Fund.	Governing body reports; Joint Commissioning Board; Director of Integration; Integrated Performance Report.	Governing Body minutes; Positive relationships at Health & Wellbeing Board.	None	None	15/03/2016	Debbie Fielding			Green	
B. Commission appropriate services to meet the needs of the local population and national priorities, delivered in the right place (ideally in a primary care setting but acute where necessary) and accessible at the right times identifying and addressing health inequalities.											
B.01	Key partner/contractors/providers may be unable to provide commissioned services.	Contracts for commissioned services with KPI; Contract performance arrangements (CSU support); Contract Managers; Integrated Performance Report; Systems Resilience Group; Contract 'capping' arrangements.	Governing Body members receive Integrated Performance Report on a monthly basis; Monitor confirmation of continuing licence for GWH.	None	None	15/03/2016	David Noyes / Group Directors			Amber	
C. Engage effectively with the local population to enable patients and practices to influence the services that we commission.											
C.01	Failure to fully engage with communities to influence service development	CCG Communication and Engagement Strategy; Lay Member role; Website; Governing Body meetings held in public at various locations around Wiltshire; Active involvement of Healthwatch; Acknowledgement of petitions; Equality & Diversity Strategy; Stakeholder Assembly November 2015;	Locality Stakeholder days; Public consultations on developments; Healthwatch feedback.	None	None	15/03/2016	David Noyes			Green	
D. Achieve a sustainable health economy optimising appropriate use of resources for the delivery of efficient and effective healthcare.											
D.01	The CCG is unable to deliver on all QIPP targets	Regular monitoring of QIPP delivery at Governing Body by means of Integrated Performance Report. 15/16 IPR contains detailed QIPP section with confidence indicators; Monthly Finance & Performance Committee (dropping back to every two months following Feb'16); Detailed version workbooks	Governing Body members receive Integrated Performance Report on a monthly basis; Finance & Performance Committee monitoring; Accurate forecasting recognised during 14/15; 14/15 Internal Audit of project management resourced by A&C.	None	None	15/03/2016	Simon Truelove / Group Directors			Amber	
D.02	CCG unable to meet the financial targets	Financial Strategy; 5-year Strategy/2yr Operational Plan; Financial management systems; Finance & Performance Committee; Audit & Assurance Committee; Integrated Performance Report; Internal Audit; External Audit; Organisational QIPP Plan; Contracts for commissioned services; SUS data correctly attributed to CCG or NHSE; Signed contracts 15/16; Contract 'capping' arrangements; Financial Recovery Plan.	Governing Body members receive Integrated Performance Report on a monthly basis; Finance & Performance Committee monitoring; Accurate forecasting recognised during 14/15; Recognised improved performance as a result of FRP.	None	None	15/03/2016	Simon Truelove			Amber	
D.03	CCG unable to deliver against NHS Constitution	5-year Strategy/2yr Operational Plan; Integrated Performance Report; Finance & Performance Committee.	Governing Body members receive Integrated Performance Report on a monthly basis; Finance & Performance Committee monitoring; CQR meetings reviewing providers performance data.	Reliance on performance of acute providers.	None	15/03/2016	Simon Truelove / Dina McAlpine			Amber	

NHS Wiltshire Clinical Commissioning Group - Board Assurance Framework & Action Plan March 2016

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D.04	Lack of available workforce in the local health system to support transformation agenda.	Each organisation monitoring key workforce gaps and taking remedial action eg overseas recruitment; System wide workforce capacity audit undertaken Feb 15; Health Education England workforce planning; UWE courses for community and primary care staff in place; Wiltshire Institute of Health & Social Care; Workforce Action Group (system wide) commenced Sept'15 looking at operational collaborative solutions concentrating on efficiency, learning & development and recruitment ; Safer Staffing data part of IPR.	Gap analysis undertaken.	Some identified duplication of roles/tasks across the system.	None	15/03/2016	James Roach	Reducing inefficiencies or duplication of roles or tasks across the system through pathway analysis.	Mar'16	Amber	
E. Develop an effective and responsive clinically led commissioning organisation, working collaboratively with partner organisations.											
E.01	Failure of partner organisations in commissioning of services on behalf of CCG in regard to financial expenditure and patient safety.	Signed s75 agreements Signed Memorandum of Understanding Service Specifications Monthly performance meetings between CCG Lead and Wiltshire Council Lead Joint Business Agreement agreed by JCB 24 October 2013 Better Care Plan governance arrangements; Outcome reports for commissioned services; Director of Integration appointed.	JCB as an assuring body; Performance risk assessed, detail included in JBA; Audit of Better Care Plan.	None	None	15/03/2016	Simon Truelove / Dina McAlpine			Amber	
E.02	Capacity and capability of CCG staff to deliver against the 5 year plan	Objective setting, PDP and appraisal system and timetable for 15/16; Learning & Development Policy; Project Governance Framework; Workforce report; Restructured directorates; Staff Survey issued 17/12/15; Central oversight of requests for staff development from April 2016.	Staff survey results; Workforce report (turnover, sickness absence and objective setting data) to Governing Body on quarterly basis.	None	None	15/03/2016	David Noyes	Re-focus of Learning & Development arrangements (enacting updated policy)	From Apr'16	Amber	
F. Enhance quality and safety of services by ensuring effective mechanisms are in place to set quality standards, assess performance, address concerns and drive continuous improvement.											
F.01	Range of risks associated with business continuity across local community and including the CCG as a separate organisation including: Severe weather; Disruption to transport infrastructure (incident/fuel supply); Disease pandemic; Telecommunications infrastructure failure.	Participation in Local Health Resilience Partnership at executive and working group level; Contributing through LHRP to risk management through LHR Forum; LRF Joint plans (e.g. Fuel, Telecommunications); Health Protection Unit; LRF Warning & Informing Strategy; LRF Major Incident & Recovery Plan; Business Continuity Plan and EPRR presented to and approved by AAC.	LHRP workplan and meetings; Community Risk Register; Involvement with EPRR exercise; Internal Audit and Business Continuity arrangements; 'Sahara' exercise and report to LHRP.	None	None	15/03/2016	David Noyes			Green	Rolling cycle of readiness exercises.
F.02	Provider organisations failing to provide harm free care to Wiltshire residents.	Contracts for commissioned services with quality schedule (for NHS and non-NHS providers); Clinical Quality Review Meetings (for NHS and non-NHS providers); Incident reporting requirement and mechanisms; CQC registration and review; Safety thermometer; Quality & Clinical Governance Committee; Oversight by Q&CG of CQC reports and safety notices.	Monthly Integrated Performance Report to Governing Body including patient safety information; Monitoring of SIRI data at Q&CG; CCG participating in surveillance for highlighted providers.	None	None	15/03/2016	Dina McAlpine			Amber	
G. Encourage and support the Wiltshire population in managing and improving their health and wellbeing, wherever possible increasing the ability of people to manage their own care and to make their own choices.											
G.01	Increased winter activity impacting on provider performance	Winter planning arrangements for 2015; Winter communications campaign; Communications plan.	Monthly Integrated Performance Report to Governing Body.	None	None	15/03/2016	David Noyes			Green	

NHS Wiltshire CCG
High Level Risk Register

Previous Position	Current Position	Risk Ref	Risk description including the effect of the risk	Existing controls	Actions required to mitigate risk	Due date	Progress against actions	Current score			Change in score	Status	Last Review Date	New Operational Lead	New Exec Lead	Overseeing Committee
								Likelihood	Consequence	Score						
2	1	F - 14/010	Medium to long term financial position continues to be challenging which will put at risk the CCG's ability to deliver its statutory financial targets if the QIPP targets are not delivered and the out of hospital strategy is not delivered.	Financial Monitoring PMO methodology Robust contracting Financial and QIPP planning and service redesign Financial awareness across the membership of the CCG Ownership of the financial challenge across the health economy - message through the strategic forum	Robust performance framework throughout the organisation. Engagement across the whole of the health economy	Ongoing	Allocation to Wiltshire CCG for 2016/17 has resulted in more funding coming into the CCG which in turn has reduced the QIPP gap for 2016/17 from £28m to £12.8m. CCG continues to propose some form of cap and collar contract arrangement with the acutes in line with the STP financial challenge. QIPP schemes for 2016/17 are being worked up across all of the key service lines in supporting the QIPP target.	3	5	15	↓	2 Action Required	03/03/16	All Directors	Debbie Fielding & Simon Truelove	Finance & Performance Committee
1	2	C - 15/041	There is a risk that the CCG will not deliver all its planned QIPP of £9.5m in 15/16, targets which will have an adverse impact on the CCGs financial position, its reputation, and its ability to operate without close support from NHS England.	The CCG has agreed a Delivery Plan for 15/16 setting out clear priorities for CCG activities. PMO is now well established. Updated Integrated Performance Report design data from April 15. Monthly Finance & Performance meet and monthly Group meeting.	Workforce objective setting in accordance with agreed timetable Chief Officer review of project plans Enhanced Finance and Performance meeting Revised approach to monthly Group review meetings Rolling programme of presentations to Gov Body (July 15)	12/06/15	Half day awaydays available for all programme teams; Mobilisation plan in place. 17.8.15 EMT recognises the financial position and the need for potential financial recovery. Directors are to consider items to address shortfall for presentation to Clinical Exec to gain clinical support. 20.10.15 FRP is now live with additional schemes underway EMT receive fortnightly update on FRP schemes which use the PMO methodology. This will drive improved use. 8.12.15 EMT continue to review delivery of FRP and PMO has held a session with project managers to support use of the workbooks 23.2.16 EMT requirement of review of FRP workbooks has ceased, indicating reduced risk and greater likelihood of FRP delivery and achievement of controlled total through management of key areas of financial risk by Finance team.	3	5	15	↓	2 Action Required	23/02/16	David Noyes	Debbie Fielding	EMT
1		F - 13/007	Failure of the CCG to deliver its financial control total of £5.5m due to the overperformance of contracts and the non delivery of the CCG QIPP target	Budget monitoring and activity monitoring, Contract performance management, Monthly performance meeting monitoring project delivery, financial spend and activity against plan, Monthly Integrated Performance Report, Review of financial position, recovery plans and QIPP delivery via finance and performance committee	Ensure projects delivery is on target and further develop the performance management framework within the CCG Monitoring of contracts and to focus on the correct forecasting of expenditure. Respond to pressure points and to identify mitigating actions to reduce expenditure. Restrict any further investments unless absolutely essential Review existing expenditure especially in areas of new investments in previous year to ensure that investment objectives are being delivered. Decisions to be made to decommission some services if they are not delivering.	Ongoing	FRP has been implemented and results are being seen in CHC and specialist placements. Work continues on prescribing where some impact has been seen. Still challenging on planned care. Operational actions happening around unplanned care. Confidence levels improved to change surplus back to £3.3m with further surplus focused on dealing with disputes. Moving the surplus to the original planned level of £5.5m will require the outstanding disputes to be resolved and the current forecasts to be maintained. BCF dispute with Wiltshire Council has been resolved. s28a dispute with WC and cost of low secure patients with NHSE still remain unresolved.	3	4	12	↔	2 Action Required	03/03/16	All Directors	Debbie Fielding & Simon Truelove	Finance & Performance Committee
3	3	A - 14/025	The NHS Constitutional targets for admitted care and non admitted care within 18 weeks and the number of elective patients with an incomplete pathway over 18 weeks (Referral to Treatment - RTT) will not be met throughout 15/16. This presents a clinical, financial and performance risk to the CCG. Additionally individual internal meetings in providers are attended and supported by the CCG as well as relevant tripartite discussions where issues remain. The CCG is linked into the commissioning discussions with Bristol where there is a separate agreed action plan to address 52 week waiters for spinal surgery, and the CSU contacts any non local providers that report a 52 week wait to ensure a To Come In (TCI) date has been agreed.	Monitoring arrangements. The CCG has created a RTT Assurance Group to ensure increased scrutiny of provider actions to mitigate RTT delivery risk. There has also been greater scrutiny of RTT assurance via contract performance meetings from June 2015 and this is reported collectively into the Wiltshire SRG. This includes updates on demand and capacity modelling and risk areas to ensure a proactive, whole system approach to demand management. The RTT assurance group discusses impact on revised national targets and agree next steps to ensure continued assurance of elective waiting times.	1. Remedial Action Plan in place with GWH. 2. Remedial Action Plan requested from RUH 3. Roll over admitted and non-admitted backlogs need to be quantified as part of 16/17 planning process 4. Clarity sought from SFT re opd referral process 5. The CCG has requested that NBT correct the categorisation of 52 week waiters.	Ongoing - RTT incomplete to be delivered by 02/16/17 following new planning guidance	1. Monthly steering board and fortnightly operational meetings continue to monitor progress 2. RAP not yet agreed with RUH - Commissioners requested to provide detail of QIPP schemes for 16/17 to size demand management element to enable trajectory to be adjusted. Deadline 14/03. 3. Requests for confirmation of backlog made at Par-Wiltshire RTT Assurance Meeting 22/02 4. SFT sent query regarding choose and book 1/03/16 - response requested by 4/03 5. CCG has formally requested change - NBT state unable to amend. Raised with NHS England Area team.	4	4	16	↔	2 Action Required	08/03/2016	Lucy Baker	Mark Harris	RTT Assurance Group feeding into SRG

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High Level Risk Register

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4	4	C - 14/038	Lack of staff across the health and social care system due to difficulties in recruitment, national staff shortages and competitive local market. Will result in the system being unable to cope with demand for services and provide safe high quality care both now and in the future.	Each organisation monitoring key workforce gaps and taking remedial action eg overseas recruitment. System wide workforce capacity audit undertaken Feb 15. Patient outcomes in terms of quality and patient flow data collected and monitored by system, BCP dashboard. Health Education England workforce planning; Gap analysis; UWE courses for community and primary care staff in place; Workforce Action Group (WAG) commenced September 2015 (every month) looking at operational collaborative solutions concentrating on efficiency, learning & development and recruitment.	4. Liaising with HESW and HEW regarding offer to Wiltshire. 5. New pathways, such as Homefirst, will give a vehicle for redesign of workforce contributing to new roles and increased efficiency. Homefirst proof of concept will begin on 16 Nov/15 in some parts of Salisbury.	4. 31/8/15 5. 31/3/16	Health & Social Care workforce strategy under development. Established a Wiltshire Institute of Health & Social Care. HESW and JH have presented to Health & Wellbeing Committee. JH has attended some workshops and HEW meeting forger stronger links. Homefirst proof of concept started 16.11.15 in some parts of Salisbury which has workforce implications and is being evaluated during March and April. Continue to develop stronger links between Wiltshire and HE SW and HE Wessex and participating in a wider group looking at more strategic workforce planning in the south west Bid to HESW for Primary Care Education Network submitted, awaiting financial outcome. Wiltshire WAG looking at leadership development (common courses), shared coaching register, pan-Wiltshire staff training passport, care staff health task training, shared career fair resources and rotation and placements in different settings; Scoping a project looking at how the voluntary sector/communities can contribute differently and help with support for people in their localities.	4	4	16	↔	2 Action Required	26/02/16	Jenny Hair	James Roach / David Noyes	EMT
7	5	P - 15/024	There is a risk that we do not have whole system operational resilience and capacity over the winter period. The CCG SRG is the Group for providing assurance to the Governing Body (and NHS England) over the preparedness and progress on identified actions, such as high impact interventions and capacity plans over the winter period. The plans model capacity (workforce, beds etc) against predicted demand for the whole system (i.e. all providers - acute, primary care, community and social care). Specific risks have been identified for domiciliary care provision across the period which could adversely affect the flow through the system (i.e. delayed discharges), and staffing ratios for NHS 111 which could adversely affect the impact on the front door with high levels of disposition to ED and 999. GP workforce for the OOH service is also a critical factor.	Capacity management plans. Monthly SRG reviews all capacity plans and provides assurance on winter plans. NHSE templates for reporting on 4 recovery plans for RUH and GWH, high impact interventions (including ambulance and mental health), and winter plan assurance (to include additional capacity and plans over the bank holiday periods, flu programme, cold weather plans and communications plan based on the national NHS plans). CCG Winter Plan.			A whole system event was held jointly with BaNES CCG on 20.10.15 to review provider plans. Wiltshire Winter plan in place. Programme of "home for Christmas" week around RUIH with gold/tactical level calls and actions Post event reviews at all SRG's. Agreed position that providers better prepared and also benefit of reduced system activity. Capacity and resilience planning in place for Easter.	2	5	10	↓	1 Risk Accepted	23/02/2016	Patrick Mulcahy	Jo Cullen	SRGs
10		P - 13/022	Regular periods of escalation across the Wiltshire Urgent Care whole system threatens to destabilise the Health and Social Care system, leading to poor outcomes for patients. Ongoing work focussed on GWH and RUH systems supporting 4 hour recovery plans for Q1. All systems undertook the national "Breaking the Cycle" exercise and SAFER patient bundle flow, sharing learning and actions, and monitoring the projects funded through ORCP - managed through SRG initiative	Routine performance management arrangements. Daily and weekly reports and dashboards on acute performance. Group Urgent Care Networks. Quality and Safeguarding Reporting. Strategic conference calls as required. Wiltshire System Resilience Group (providing assurance on system wide operational capacity and resilience) Continuing representation at BaNES (RUH) and Swindon (GWH) SRG. CCG operational resilience and capacity planning plan approved and in place. System wide escalation process in place. Analysis of data for trends, lessons and actions reporting back to WWYKD Exec. Investigation of outlier specialities (gastro, cardiology, neurology).			Routine monitoring remains in place. SRG Investment and Performance Dashboard developed NHSE issue of High Impact Intervention progressing. UECN (Severn and Wessex) in place has potential impact on SRG autonomy NHS111 floorwalker model improving ambulance disposition performance Provider escalation workshop undertaken NHSE winter sitrep reporting process in place New paediatric service established at SWIC Full provider resourcing plans received and shared Additional social care resources being targeted to Salisbury facing services Wiltshire system in one period of Red escalation between 10th to 11th Feb. NHSE notified using mandated escalation template. Situation being monitored.	3	4	12	↔	1 Risk Accepted	23/02/2016	Patrick Mulcahy	Jo Cullen	SRG

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9	6	P - 13/027	SWAST monthly and YTD performance continues to be below acceptable tolerances, leading to delayed response times. The increase in response times has the potential to adversely affect clinical outcomes for Wiltshire patients.	Bi monthly contract management and reporting, including delivery by SWAST of consolidated action plan Continuing liaison with SWAST and monitoring of contract via lead and joint commissioners group			2015/16 performance monitored against plan. Dispatch on Disposition national pilot in place. Dispatch on Disposition (Ambulance Response Programme) now moved out to 5 minute triage window, as directed by DH ARP now business as usual. CCG has signed letter of support for programme and will monitor effectiveness. M10 position above contract standard at 75.22%, but Wiltshire position remains poor at 62.62%. SWASFT still performing well compared to national ambulance service data. Performance discussions / improvements co-ordinated through SCWCSU. Activity marginally above contract R5 CAD update planned for February Optimum triage window under consideration	3	4	12	↔	1 Risk Accepted	23/02/2016	Patrick Mulcahy	Jo Cullen	Lead & Joint Commissioners' Group
8	7	Q - 15/028	Lack of implementation of agreed joint procedure to determine funding agreement for new s117 patients and the review of existing patients to reflect changes in care needs which may result in the CCG failing to meet its statutory obligations and the incorrect apportionment of costs between the CCG and the Local Authority.	Specialist Placement (s117) Panel (SPP) with agreed Terms of Reference. Joint process for s117 care plans to determine financial split.	Meeting to engage with Local Authority representatives to also include legal advice for CCG regarding the implications of the Care Act 2014 and the NHS statutory responsibilities.	30/12/15	s117 policy drafted as result of 2014 steering group attended by Local Authority and CCG staff. No Panels currently arranged. Service Director, Commissioning, Procurement and Strategy, contacted 26 May 2015. Meeting arranged for 6 August 2015 to review three cases using the existing care plan approach. October 2015 - S117 panels have re-commenced but still no further agreement regarding the definition of a health task and social care task - awaiting further meeting with legal advice. Panels have recommenced in Dec, Sue Geary linking to LA to scope project work Health/social care Policy subject to definition of agreed health and social care responsibilities.	3	4	12	↔	2 Action Required	26/02/2016	Kate Purcer	Dina McAlpine	Q&CG
Not on report	8	A - 14/042	RUH unable to cope with current volume of referrals in certain specialities - highest priority/biggest concern being dermatology followed by gastro, cardiology, ENT - resulting in poor patient experience (long waits beyond 18 weeks)	Significant effort is being put into ensuring appropriate management of demand at RUH in order to achieve RTT; RTT assurance working group; commissioning college oversight; monthly performance meetings; CCRB and CCRB sub-group to establish triggers and processes for challenged specialities; various QIPP workstreams (revisions to clinical priorities policies; reduction in follow-ups; setting up advice and guidance referral option; etc); specific work on dermatology and gastro; work required by RUH to support CCG assurance from NHSE regarding achievable RTT plans; sharing of practice-level referral rates in practice packs; pan-Wilts RTT assurance working group; contract performance notice issued, remedial action plan developed and trajectory underdiscussion	Continuation of existing controls	on going	Work continues for all existing controls on appropriate individual timeline per item.	4	4	16	↔	2 Action Required	29/02/2016	Andy Jennings	Mark Harris	RTT Assurance Group feeding into SRG
Not on report	9	CJ - 13/036	There is a risk that patients are not being transferred from AWP wards to appropriate nursing home or other care in the community in a timely way. This is resulting in significant delayed transfers of care and a number of patients being placed out of area.	Weekly DTOC teleconferences. Paper to Clinical Executive on 11 March 2014.	The CCG to facilitate further discussion between Wiltshire Council and AWP to discuss the issues and potential solutions exploring strategic options to develop the nursing home/community provision required for complex dementia care and the potential mechanisms for funding it. (This will be a medium to long term piece of work and could be part of community transformation). The CCG to discuss the prioritising system for consideration and funding of acute and MH DTOC placements The CCG to discuss with Wiltshire Council how AWP beds are considered when decisions are made about other competing applications for funding. Carry out a review of DTOCs patients; Carry out a review of the Section 117 placement panel.	Various	As at 18/08/2015 there were 5 DTOCs although there is potential for this number to increase again if sufficient care home / alternatives / cross borders issues are not in place. A review of DTOC activity from December 14 - March 2015 shows that the number of DTOCs has declined as a result of all parentees working together and improving processes. An action plan has been agreed between the CCG, Wiltshire Council and AWP have developed business cases for the expansion of the Care Home Liaison services that was approved by the JCB and funding agreed by the governing body on the 21st July 2015 together with funding for and specialist beds in the DSJ home in Devizes in the first instance. A needs analysis has been completed to confirm current and future demand for specialist dementia care including in-patient care. S117 process and decision making tool agreed in April 2014. Meeting with LA scheduled to ensure that all S117 panels are in place and cases are being referred in line with guidance.	3	5	15	↔	2 Action Required	10/03/2016	Meuthia Endrongon-Ellis	Ted Wilson	EMT

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Not on report	10	CJ-15/037	Transfer of children's community services over to Virgin Care. The primary risks relating to the safe transfer of the Wiltshire Children's Community Healthcare Services contract can be categorised as follows: 1) Contract negotiation. Joint commissioners are in the process of negotiating a 2016/17 contract with Virgin Care Services, however there is a risk that agreement may not be reached on some critical points, thereby preventing the contract from being signed prior to the 1st April. Without a signed contract it is likely that Virgin Care would not commence services, leaving commissioners with very limited options for the continuation of children's community services. 2) Some unforeseen cost pressures have come to light through Virgin's due diligence, and whilst these may not prevent signing of the contract there is a risk that commissioners may need to provide short term financial support. This will take the contract value above the expected £12.8m in the first year. 3) There is a risk that some negative feeling around NHS services moving to a non-NHS provider may lead to poor perception and complaints around new services both on behalf of service users and healthcare professionals referring into the service.	1) Commissioners and Virgin Care are working to a timetable of contract discussions and population that enables sign off prior to 1st April. Legal advice has been sought by the CSU on some specific additions proposed by Virgin Care. 2) Weekly Safe Transfer meetings with Virgin Care are being held to discuss issues as they arise. The Safe Transfer Board has involved the Chief Financial Officer in discussions around cost pressures identified by Virgin and commissioning response to these. 3) Virgin Care have been attending regular meetings both with staff that are transferring over to the new service and those that refer into community services to provide reassurance and information. All staff and patients are to be reassured that on go-live nothing will change in terms of locations of services, referral routes or pathways. The service is to maintain a steady state at go live to enable safe transfer of services.	1) Contract negotiation. Next version to go to Virgin 11/03/16. Contract finalisation meeting 15/03/16. Contract to be sufficiently populated by 17/03 to enable Virgin to provide reassurance to their board. Final contract signature deadline 22/03/16. 2) Virgin Care to provide further information around vacancy factor cost pressures for 10/03/16. Commissioners to progress discussion with existing providers around estate cost pressures. Commissioners to provide Virgin Care with a proposal of short term relief in the first year by 16/03/16. 3) CCG to gain assurance from Virgin Care around communications plan with patients, parents, community staff and other healthcare professionals. Commissioners to support Virgin Care in responding to any concerns/complaints as they arise.	31/05/2016	Meeting held between CFO and Virgin Care 03.03.16 to discuss cost pressures. Update to clinical executive 08.03.16 and governing body 22.03.26 All actions are being monitored on a daily basis, and are discussed at least weekly with Virgin Care Services through the Safe Transfer meetings. All actions are currently on target.	3	4	12	new	2 Action Required	10/03/2016	Myfanwy Champness	Ted Wilson	EMT